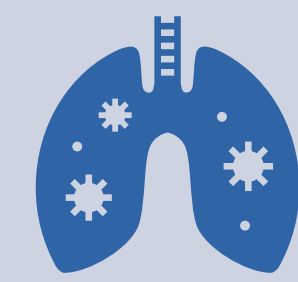


Angioedema following Cesarean Section under General Anesthesia in Patient with Preeclampsia with Severe Features

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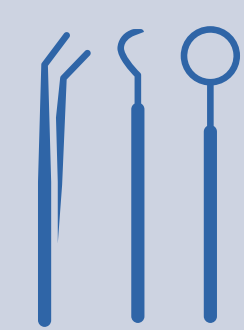
Perioperative angioedema is rare ($<<1\%$), F>M



Pathology: Local swelling due to extravasation of plasma into the interstitium



Classification: histamine-mediated, bradykinin-mediated, idiopathic



Perioperative triggers: airway manipulation, physiologic stress, medications



Specific reports of angioedema after CS under general anesthesia are lacking in the literature

Case Presentation

27yo F G1P0 @ 38w5d

- **PMHx:** headaches, genital herpes, dust mite allergy (**anaphylaxis**)
- **Presentation:** decreased fetal movement, **headache, epigastric pain**
- **Vitals:** HR **107** bpm, BP 127/93 mmHg
- **Labs:** renal/liver dysfunction, coagulopathy
- **Concerns:** Preeclampsia with SF
HSV outbreak Sx
- **Labor Management:** Primary C/S under GA
- **Intraoperative course:** fibrinogen

Postoperative Course

- **Presentation:** somnolent, “seemed somewhat able to understand questions but unable to respond d/t difficulty breathing”
- **Exam:** **tongue swelling**, stridor, increased WOB, wheezing
- **Vitals:** tachycardic (130s), hypertensive (**SBP >180**)
- **VBG:** **pH 7.14**, **pCO2 60**, HCO3 20, lactate 3.6
- **Chart Review (2023):** chronic idiopathic urticaria & angioedema
- **Management:**
 - Labetalol
 - Diphenhydramine, Dexamethasone, Famotidine, Epinephrine
 - 10L nonrebreather → BiPAP
- **Dispo:** Surgical ICU



Considerations & Discussion



Airway Assessment



Monitoring



Escalation

- Awareness → diagnosis, monitoring, patient safety
- Suspicion heightened w/ h/o urticaria or angioedema
- Obstetric patients may have different presentations & complicating factors
- Potential contributors:
 - Medications
 - Pregnancy-related changes
 - Airway injury
 - Stress
 - Volume overload
- Management
 - Frequent airway reassessment
 - Continuous monitoring of ventilation and oxygenation
 - Early escalation planning